

## Student Application Request for Homework Assistance

### General Information

Please print clearly

Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Student E-mail \_\_\_\_\_ Student Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

### Student Availability

Please let us know which day(s) and time(s) you will be attending. Print name in box.

Day/Time	3-4 pm	4-5 pm	
Monday			
Tuesday			
Wednesday			
Thursday			

**My child and I agree that the Town of Franklin's facility use rules must be followed or he/she will be asked to leave. I understand and agree that the center is not a child care service. The library is not responsible for children after they leave the Center. The Library assumes no responsibility for unattended children.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_